FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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SECRETARY OF THE SENATE PUBLIC REUSEDS

12 OCT 15 AHII: 48

Office Use Only

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT	•	Example: If typir over the lines.	ng, type	12FE4M5	
Friends of Senator Carl Levin							
AD[DRESS (number and street)	10 G Street, N.E., Suite 570					
F	Check if different		<u> </u>		1111		
<u> </u>	than previously reported. (ACC)	Washington	<u> </u>			DC 2000	2
2.	FEC IDENTIFICATION NU	JMBER ▼	CITY		9	STATE A	ZIP CODE
	C C00088484		3. IS THIS	□ NEW	, <u> </u>	AMENDED	STATE ▼ DISTRICT
		<u></u>	REPORT		OR L	(A)	MI 00
4.	TYPE OF REPORT (Cho (a) Quarterly Reports: April 15 Quarterly R July 15 Quarterly R October 15 Quarter January 31 Year-En Termination Report	Report (Q1) eport (Q2) ly Report (Q3) d Report (YE) (c	Election	OST-Election Rep	12C)	General (12G) Special (12S) Y Y Y Y Y Y Runoff (30R)	in the State of Special (30S) in the State of
5.	Covering Period 07	M / D'D / Y	2012	through	M M 09	/ B B / Y S	2012
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.							
Type or Print Name of Treasurer Tina Stoll							
Signature of Treasurer Tina Stoll Date Date Tina Stoll							
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.							
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